

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$128.00 for date of service, 08/21/01.
- b. The request was received on 02/01/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. Position Statement
 2. HCFA 1500
 3. EOB(s)
 4. Medical Records
 - b. Additional documentation requested and received on 06/11/02
 1. Position Statement
 2. HCFA 1500
 3. EOB(s)
 4. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/26/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/28/02. The response from the insurance carrier was received in the Division on 07/09/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 01/07/02

“I am disputing this procedure code 95900 and 95904 for the payment of \$128.00. Since my attempts to resolve this issue with the carrier,..., the claim is returned denied again, for the same reason, ‘Included in Global’.... This service meets the requirements for [Subchapter B {Sec. 408.201}]).... I submit this is a legitimate service and deserves full reimbursement from the carrier in the amount of \$128.00.”

2. Respondent: Letter dated 02/05/02

“Based on the re-review our position remains the same. I do not feel the provider is due any further reimbursement.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/21/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$984.00 for services rendered on the above date in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$384.00 for services rendered on the above date in dispute.
5. The Carrier’s EOBs deny additional reimbursement as “G INCLUDED IN GLOBAL”.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/21/01 08/21/01	95900 95904	\$504.00 \$480.00	\$192.00 \$192.00	G G	\$64.00/nerve \$64.00/nerve	MFG; MGR (IV); CPT Descriptor	The Carrier's EOBs deny additional reimbursement as "G INCLUDED IN GLOBAL". Per the Medical Fee Guideline, CPT Codes 95900 and 95904 are not listed as global to any other services. Provider has submitted medical documentation to support services rendered in accordance with the MFG. The Carrier's position statement does not indicate why or to what these CPT Codes are global. Therefore, additional reimbursement of \$128.00 is recommended.
Totals		\$984.00	\$384.00				The Requestor is entitled to reimbursement in the amount of \$128.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$128.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of September 2002.

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division
DT/dt